

(GW/UST-3)

Notice of Intent: UST Permanent Closure or Change-In-Service

FOR
TANKS
IN
NC

Return Completed Form To:

The appropriate DEM Regional Office according to the county of the facility's location. [SEE REVERSE SIDE OF OWNER'S COPY (PINK) FOR REGIONAL OFFICE ADDRESS].

State Use Only

I. D. Number

Date Received 15 1993

INSTRUCTIONS

Complete and return thirty (30) days prior to closure or change-in-service.

Winston-Salem
Regional Office

I. OWNERSHIP OF TANK(S)

Tank Owner Name: LARRY PUGH

(Corporation, Individual, Public Agency, or Other Entity)

Street Address: 36 QUIET DRCounty: DAVIDSONCity: LEXINGTON State: NC Zip Code: 27292Tele. No. (Area Code): (704) 246-5405

II. LOCATION OF TANK(S)

Facility Name or Company LARRY PUGH

Facility ID # (if available)

Street Address or State Road: 36 QUIET DR.County: DAVIDSON City: LEXINGTON Zip Code: 27292Tele. No. (Area Code): (704) 246-5405

III. CONTACT PERSON

Name: MRS. LARRY PUGH Job Title: OWNER Telephone Number: (704) 246-5403

IV. TANK REMOVAL, CLOSURE IN PLACE, CHANGE-IN-SERVICE

1. Contact Local Fire Marshall.
2. Plan the entire closure event.
3. Conduct Site Soil Assessments.
4. If Removing Tanks or Closing in Place refer to API Publications. 2015 "Cleaning Petroleum Storage Tanks" & 1604 "Removal & Disposal of Used Underground Petroleum Storage Tanks".

5. Provide a sketch locating piping, tanks and soil sampling locations.
6. Fill out form GW/UST-2 "Site Investigation Report for Permanent Closure" and return within 30 days following the site investigation.
7. Keep records for 3 years.

V. WORK TO BE PERFORMED BY:

(Contractor) Name: HARDIN'S PUMP & COMPRESSOR, INC.Address: RT-16, Box 519 Winston-Salem, NC State: WINSTON-SALEM, NC Zip Code: 27107Contact: JOHN HARDIN Phone: (919) 769-9128

VI. TANK(S) SCHEDULED FOR CLOSURE OR CHANGE-IN-SERVICE

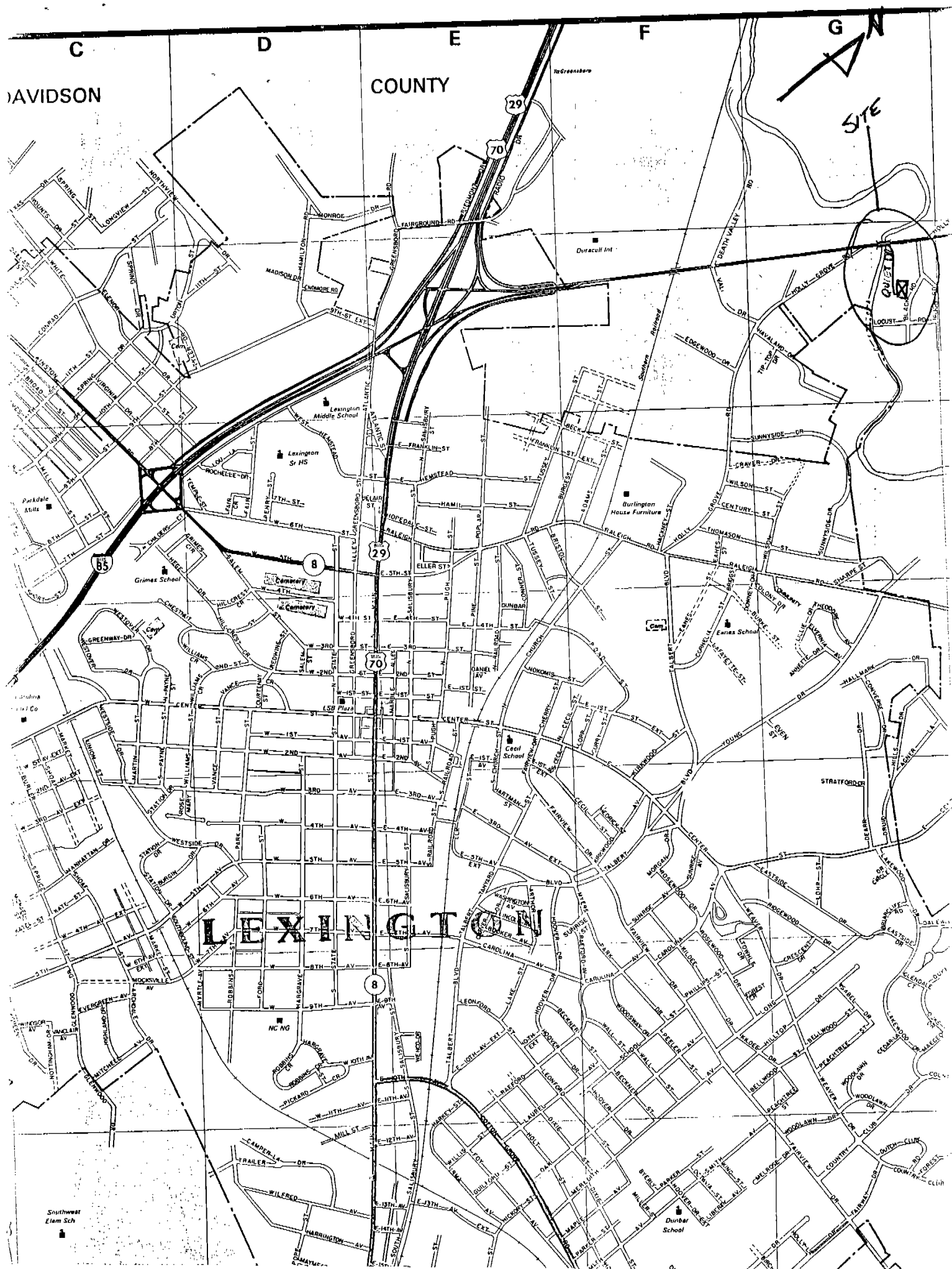
TANK ID#	TANK CAPACITY	LAST CONTENTS	PROPOSED ACTIVITY		
			CLOSURE	CHANGE-IN-SERVICE	
			Removal	Abandonment In Place	New Contents Stored
<u>1</u>	<u>2000</u>	<u>GASOLINE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

VII. OWNER OR OWNER'S AUTHORIZED REPRESENTATIVE

Print name and official title

JOHN T. HARDIN, PRESIDENT*Scheduled Removal Date: 2/15/93Signature: John T. Hardin, Pres.Date Submitted: 1/14/93

*If scheduled work date changes, notify your appropriate DEM Regional Office 48 hours prior to originally scheduled date.



DAVIDSON

COUNTY

SITE

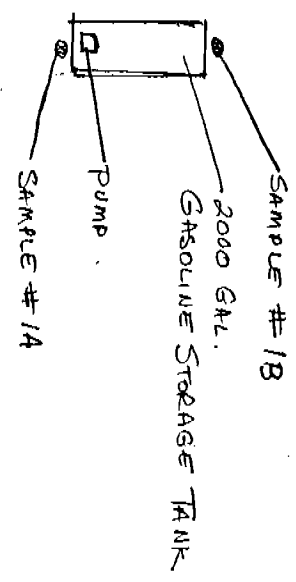
LEXINGTON

Southwest Elem Sch

Dunbar School



STORAGE
BLDG.



PUGH
RESIDENCE
36 QUIET DR.
LEXINGTON, NC

PRIVATE DRIVE

QUIET DR.

SAMPLE #	DEPTH	FIELD SCREENING	LAB RESULTS
1A	110"	< 10 ppm	< 10 ppm
1B	110"	< 10 ppm	< 10 ppm